12-28-01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | <u> </u> | | | | |
|---------------|-------------------------------|---|----------|-------------------|--|
| #OCKET NUMBER | ANTICIPATED C APPLICATION: | ANTICIPATED CLASSIFICATION OF THIS APPLICATION: | | PRIOR APPLICATION | |
| P | CLASS | SUBCLASS | EXAMINER | ART UNIT | |
| 11757.38USD1 | | | | | |

CERTIFICATE UNDER 37 CFR 1 10

"Express Mail" mailing label number. EV037643808US

Date of Deposit 20 December 2001

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR

1.10 on the date indicated above and is addressed to Commissioner for Patents, Washington, D.C. 2023

Name Chris Stordahl

DIVISIONAL APPLICATION UNDER 37 C.F.R. § 1.53(b)

BOX PATENT APPLICATION Commissioner for Patents Washington, DC 20231

Dear Sir:

This is a request for filing a divisional application under 37 CFR § 1.53(b) of Serial No. 09/380662, filed on 21 December 1999 entitled METHODS TO DIAGNOSE A REQUIRED REGULATION OF TROPHOBLAST INVASION by the following inventor(s):

| 1 ' | | | |
|---------------|-------------------------|--------------------------|--------------------------|
| <u> </u> | | | |
| Full Name | Family Name | First Given Name | Second Given Name |
| Of Inventor | CANIGGIA | Isabella | |
| Residence | City | State or Foreign Country | Country of Citizenship |
| & Citizenship | Toronto | Ontario | Italy |
| Post:Office | Post Office Address | City | State & Zip Code/Country |
| Address | 328 Wellesley Street E. | Toronto | Ontario M4X 1H3 / Canada |
| Full Name | Family Name | First Given Name | Second Given Name |
| Of Inventor | POST | Martin | |
| Residence | City | State or Foreign Country | Country of Citizenship |
| & Citizenship | Toronto | Ontario | The Netherlands |
| "Post Office | Post Office Address | City | State & Zip Code/Country |
| Address | 328 Wellesley Street E. | Toronto | Ontario M4X 1H3 / Canada |
| Full Name | Family Name | First Given Name | Second Given Name |
| Of Inventor | LYE | Stephen | |
| Residence | City | State or Foreign Country | Country of Citizenship |
| & Citizenship | Toronto | Ontario | Great Britain |
| Bost Office | Post Office Address | City | State & Zip Code/Country |
| Address | 305 Dawlish Road | Toronto | Ontario M4N 1J6 / Canada |

1. Enclosed is a copy of the prior application; including the specification, claims, drawings, oath or declaration showing the applicant's signature, and any amendments referred to in the oath or declaration filed to complete the prior application. (It is noted that no amendments referred to in the oath or declaration filed to complete the prior application introduced new matter therein.) The continuing application is as follows: 30 pages of specification, 19 claims, 1 pages of abstract, 21 sheets of drawings, and 4 pages of oath or declaration.

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered \boxtimes as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. Cancel original claims of this application before calculating the filing fee. (At least one original independent claim 2. П must be retained for filing purposes.) \boxtimes The filing fee is calculated below: 3. CLAIMS AS FILED RATE FEE NUMBER FILED NUMBER EXTRA TOTAL CLAIMS: 19 -20 0 X \$9.00 0.00 INDEPENDENT CLAIMS 9 \$42.00 378.00 -3 \$370.00 BASIC FILING FEE: IJ \$748.00 TOTAL FILING FEE: Į. Small entity status is claimed pursuant to 37 CFR 1.27. \boxtimes ij, Payment of fees: 冈 Attached is a check in the amount of 748.00 \boxtimes Please charge Deposit Account No. 13-2725. The Commissioner is hereby authorized to charge any additional fees as set forth in 37 CFR §§ 1.16 to 1.18 which \boxtimes may be required by this paper or credit any overpayment to Account No. 13-2725. \boxtimes Amend the specification by inserting before the first line the sentence: "This application is a divisional of application Serial No. 09/380662, filed 21 December 1999, which application(s) are incorporated herein by reference." 7. \bowtie A set of formal drawings (21 sheets) is enclosed. 8. \boxtimes Priority of application Serial No. 60/039919, filed on 7 March 1997 in the United States, is claimed under 35 U.S.C. 119(e). The certified copy has been filed in prior application Serial No., filed. \Box 9. \boxtimes The prior application is assigned of record to Mount Sinai Hospital Corporation, located at 600 University Avenue, Toronto, Ontario M5G 1X5, Canada. and The Hospital for Sick Children, located at 555 University Avenue, Toronto, Ontario M5G 1X8, Canada 10. \square The Power of Attorney in the prior application is to:

> Merchant & Gould P.C. Minneapolis, MN 55402-2215

| 11. | | | aims added by this amendment have been propext following the highest numbered original cla | | | |
|-------|-------------|--|---|-------------------------------|--|--|
| | \boxtimes | Fee for excess claims is attached. | | | | |
| 12. | | A petition and fee has been filed to extend the term in the prior application until . A copy of the petition for extension of time in the prior application is attached. | | | | |
| 13. | | The inventor(s) in this application are less than those named in the prior application and it is requested that the following inventors identified above for the prior application be deleted: | | | | |
| 14. | | A Nonpublication Request under 37 CFR 1.213(a) is enclosed. | | | | |
| 15. | \boxtimes | Also Enclosed: Information Disclosure Statement, Form 1449 | | | | |
| 16. | | Address all future communications to the Attention of Katherine M. Kowalchyk (may only be completed by attorney or agent of record) at the address below. | | | | |
| 17 | \boxtimes | A return postcard is enclosed. | | | | |
| | | | Respectfully submitted, MERCHANT & GOULD P.C. P.O. Box 2903 Minneapolis, MN 55402-0903 612.332.5300 | 23552 PATENT TRADEMARK OFFICE | | |
| Date: | Decen | nber 20, 2001 | Katherine M. Kowalchyk Reg. No. 36,848 KMK/kjr | jk- | | |